Immunize Utah

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Utah School Exemption Data

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Utah Immunization Program

The Utah Immunization Rule for Students (R396-100) requires that children entering kindergarten and seventh grade meet minimum vaccination requirements. School entry requirements are key to ensuring that children are appropriately vaccinated, thus reducing the potential for disease outbreaks. Higher percentages of children are up-to-date at kindergarten than at younger ages, indicating that school mandates lead to completion of vaccine series recommended for children four to six years of age.
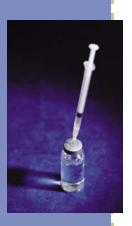
Exemptions from school rules in some form are available in all states. A parent in Utah may claim an exemption to immunize a child for medical, religious, or personal beliefs. The medical exemption form must be completed and signed by a physician, while a religious or personal exemption form may be completed by the parent, witnessed by a public health representative, and presented to the school or early childhood program official. Over the last five years, exemption rates in Utah have ranged from 2.8 percent to 3.2 percent for kindergarten entry and 2.7 percent to 3.5 percent for seventh grade entry. Several areas within the state have higher than expected exemption rates.

During 2008, the Utah Immunization Program conducted a validation study of exemption rates in specific areas of the state. Exemption rates were calculated by ZIP Code and analyzed based on enrollment numbers. For the 2008-2009 school year, two ZIP Codes had higher than expected exemption rates for both kindergarten and seventh grade (see Table 1). Ten additional ZIP Codes with higher than expected exemption rates for either kindergarten or seventh grade and enrollment greater than ten students are listed in Table 2. Exemption data also vary by school type (see Table 3).

National research published in 2006 indicates that states with easy to obtain exemptions have a 90 percent higher incidence of pertussis than states that have more complex procedures in obtaining exemptions. From 1985 to 1992, children with exemptions in all states were 35 times more likely to contract measles than non-exempt students. A result of exemption clustering is that exempt children can't expect to be as protected by herd immunity.

Table 1

2008-2009 Exemption Rates by ZIP Code					
ZIP Code	City	Kindergarten Entry	Kindergarten Enrollment	7th Grade Entry	7th Grade Enrollment
84310	Eden	14.3%	35	8.7%	103
84096	Riverton/Herriman	6.3%	332	6.2%	470

UPIQ/UDOH Immunization Project

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The joint project between the Utah Pediatric Partnership to Improve Healthcare Quality (UPIQ) and the Utah Department of Health (UDOH) Immunization Program is designed to help physician offices assess and improve immunization practices. It is now in its second phase.

The first phase, beginning in March 2008, involved five practices in the intervention. Following a modified CoCASA immunization audit, the practices received a series of in-office educational sessions delivered by trained peer mentors and staff from UPIQ and the UDOH. The in-office sessions also offered guidance on developing an individualized action plan focused on the goals of each practice. A variety of quality improvement goals were selected:

- developing reminder and recall systems for patients missing immunizations
- implementing policies and procedure for accurate entry of immunization information into the electronic medical record
- practice-wide agreement on a standardized immunization schedule
- expanding or implementing use of the Utah Statewide Immunization Information System (USIIS), including updating computer systems to facilitate data entry.

The Utah Provider Relations Team enrolled a total of 358 new VFC providers and 841 new USIIS providers during 2008.

VFC and USIIS Progress Report

During 2008, the Provider Relations team for the Vaccines for Children (VFC) and Utah Statewide Immunization Information System (USIIS) worked diligently to enroll new providers in the two programs and to conduct trainings and site visits.

There are five full-time staff members responsible for conducting VFC/AFIX site visits and USIIS trainings in provider offices. One full-time staff member is responsible for conducting USIIS trainings in Utah schools.

As of December 1, 2008, the Provider Relations team reported the following progress:

VFC Program:
- Enrolled 262 private provider offices
- Enrolled 86 public provider offices
- Conducted 10 new enrollment visits
- Conducted 235 VFC visits
- Conducted 96 AFIX visits
- Conducted 25 VFC follow-up visits

USIIS Program:
- Enrolled 215 private provider offices
- Enrolled 108 public provider offices
- Enrolled 112 early childhood programs
- Enrolled 35 school districts
- Enrolled 371 public schools
- Enrolled 13 private schools in VFC/USIIS

staff conducted numerous workshops on vaccine storage, handling, and administration, combination vaccines, hepatitis A, school rule, and varicella vaccine.

Future projects include:

VFC Program:
- Creating a program to present comprehensive feedback on CoCASA results to entire provider office staff
- Updating and developing policies to ensure CDC AFIX standards are met
- Continued collaboration with the Utah Pediatric Partnership to Improve Healthcare Quality (UPIQ).

USIIS Program:
- Develop marketing materials for schools
- Work with schools to address FERPA issues
- Establish additional USIIS user groups
- Develop comprehensive training program for trainers and users
- Continue working with USIIS technical staff to develop a tracking database for providers, users, trainings, and monitor provider usage of USIIS. ◉

Updated Pneumococcal Conjugate Vaccine (PCV7) Recommendations

Beginning July 1, 2008, the Utah School Immunization Rule was amended to require that children in early child care programs receive the pneumococcal conjugate vaccine. Recently, there has been some confusion regarding age-appropriate dosing for children two years of age and older. The following guidelines are cited from the April 4, 2008 MMWR, "Updated Recommendation from the Advisory Committee on Immunization Practices (ACIP) for Use of 7-Valent Pneumococcal Conjugate Vaccine (PCV7) in Children Aged 24-59 Months Who Are Not Completely Vaccinated."

In February 2000, the pneumococcal vaccine, Prevnar, was approved by the Food and Drug Administration (FDA) for use in infants and young children. At that time, the ACIP recommended that children 24-59 months of age with certain underlying medical conditions or are immunocompromised receive PCV7. Additionally, PCV7 was recommended for all other children 24-59 months of age, with priority given to American Indian/Alaska Native or of African-American descent, and to children who attend group day care centers.

ACIP's rationale for limiting the recommendation for routine vaccination to children 24-59 months of age who have certain underlying medical conditions or are immunocompromised was concern about limited vaccine supply and cost. Since September 2004, PCV7 has not been in short supply. The ACIP Pneumococcal Vaccines Work Group reviewed data on safety and immunogenicity of PCV7 in children 24-59 months of age, current rates of PCV7-type invasive disease, vaccination coverage rates, and post-licensure vaccine effectiveness. On the basis of that review, in October 2007, ACIP approved the following revised recommendation for use of PCV7 in children 24-59 months of age:

♦ For all *healthy children* 24-59 months of age who have not completed any recommended schedule for PCV7, administer one dose of PCV7.
♦ For all children with underlying medical conditions 24-59 months of age who have received three doses, administer one dose of PCV7.
♦ For all children with underlying medical conditions 24-59 months of age who have received less than three doses, administer two doses of PCV7 at least eight weeks apart.

Age-appropriate Vaccine Recommendations

PCV7 is routinely given as a series of four doses, one dose at each of these ages:
♦ 2 months, 4 months, 6 months, 12-15 months

Children who miss their shots at these ages should still get the vaccine. The number of doses and the intervals between doses will depend on the child's age. PCV7 may be given at the same time as other vaccines. ◉

Current Age	Total Number of Doses To Be Administered	Recommended Regimen
7-11 months	3	2 doses, 1 month apart; booster dose at 12-15 mo. of age (2 months > previous dose)
12-23 months	2	2 doses, 2 months apart
24-59 months	1	1 dose

Utah Statewide Immunization Information System

TeleVox Immunization Reminder Service

Immunization reminder service, using USIIS source data, began in November with 19,077 calls. 5,938 calls were answered and received the entire message. The entire message was left on 9,318 answering machines. Hang-ups, no answers, and out-of-order calls totaled 3,821.

In 2009 USIIS will continue phone reminders and add post-card reminders.

USIIS 2008 Update

A major USIIS update was released December 17, 2008. The release included:

- *Major enhancements*: Patient Search and Patient Record ownership/editing.
- *Fixes*: Web application Navigation and Reports.

Negative user feedback was received regarding changes to data entry on the Immunization Screen.

The USIIS team will release a modification in January to address this issue.

USIIS Acknowledges Health Plan Partners

USIIS is a private-public partnership that relies on the support of health plans that operate in Utah.

The following health plans enable USIIS to operate:

- Intermountain Healthcare
- Altius Health Plans
- Molina Health Care of Utah
- Public Employees Health Program (PEHP)
- Deseret Mutual Benefit Administrators (DMBA)

Data Interfaces

Indian Health Services. A two-way HL7 data exchange was developed and became operational in 2008. The Ft. Duchesne Indian Health Clinic is using this interface.
The USIIS team is working with the following Electronic Medical Record vendors and organizations to develop and deploy interfaces:

- Greenway Medical Technologies (HL7)
- Next Gen (HL7)
- eClinical Works (HL7)
- Utah Health Choice Network

AASA / ECBT

The National Every Child By Two (ECBT) coalition distributed a letter to approximately 14,000 members of the American Association of School Administrators (AASA) to highlight the benefits of connecting schools with Immunization Information Systems (IIS).

The letter is signed by National ECBT Cofounder Rosalynn Carter, President Randall Collins, and AASA Executive Director Daniel Domenech, and is accompanied by ECBT's brochure, "How Immunization Information Systems Can Help Schools Expedite Immunization Assessments." Schools will be directed to their state health department for more information. To view the ECBT brochure, visit www.ecbt.org.

User Tip

Forecast, School Record, Personal Utah Immunization Record, and Reminder-Recall reports. An immunization does not display on these if it is assessed as invalid. This is a USIIS feature.

However, immunizations do not "disappear." All immunizations—including those assessed as invalid—are maintained and displayed on the **Immunization Screen** and the **Detailed Immunization History** report. An invalid immunization is flagged with an invalid code.

For more information about USIIS, contact Nancy McConnell at 801-538-9487. ◉

UPIQ/UDOH Immunization Project

The project's second phase, involving eight practices (4 intervention/4 control), began in November 2008. All practices will receive a follow-up CoCASA immunization audit about 15 months after beginning the project to determine if their improvement efforts resulted in an increase in immunization rates. They will be compared to audits of practices that did not receive the intervention (the control group). Final data analysis should be completed by summer 2010. It is anticipated that the information collected from this project will be applied to future immunization initiatives among UPIQ, UDOH, and primary care practices in Utah. ◉

Recording Multiple, Linked Lot Numbers

Pentacel is supplied as a box containing five vials of liquid DTaP/IPV vaccine and five vials of lyophilized Hib vaccine. The vaccine component should be kept together in the original box until one vial of each component is removed, reconstituted, and administered. The combined vaccine must be used within 30 minutes of reconstitution. The lot numbers of the Pentacel components are linked so that the lot number of one component will identify the lot number of the other component. If Pentacel is used as supplied there is no need to record both numbers. The carton lot number or tear-off lot number label on the Hib vial (which are identical) is adequate and identifies all components. However, if the DTaP-IPV component is used to reconstitute a vial of ActHIB that is not supplied as Pentacel, both numbers should be recorded. Similarly, TriHIBit has a lot number for each of its two components, and there is no need to record both numbers when used as supplied.

Rotarix rotavirus vaccine (GlaxoSmithKline) is supplied in a carton containing ten doses of lyophilized vaccine and ten pre-filled oral applicators of diluent. The outer carton, vaccine, and diluent each have different lot numbers which are linked. The lot number from either the outer carton, vaccine or diluent can be used by the manufacturer to identify the other components supplied in the same carton. The outer carton lot number is also listed on the packing slip. Only the outer carton lot number needs to be recorded. ◉

Continued from page 1
Utah School Exemption Rates

Table 2

2008-2009 Exemption Rates by ZIP Code				
ZIP Code	City	Grade Level	Exemption Rate	Enrollment
84648	Nephi	Kindergarten	9.4%	138
84057	Orem/Vineyard	Kindergarten	5.5%	710
84058	Orem/Vineyard	Kindergarten	6.9%	394
84062	Pleasant Grove	Kindergarten	5.2%	922
84065	Riverton	Kindergarten	5.8%	1,188
84528	Huntington	7th Grade	13.6%	59
84664	Mapleton	7th Grade	7.6%	343
84054	North Salt Lake	7th Grade	21.0%	62
84097	Orem	7th Grade	7.1%	406
84109	Salt Lake City	7th Grade	7.1%	548

Table 3

2008-2009 Exemption Rates by School Type		
School Type	Kindergarten Exemption	7th Grade Exemption
Public	3.1%	3.4%
Charter	5.0%	7.4%
Private	2.5%	1.9%

Vaccine Management Tips
Non-viable Vaccine Returns

What NOT to Return to McKesson

The following items should *NEVER* be returned to McKesson:

- Syringes that you filled yourself but did not use
- Any used syringes with or without needles attached
- Broken vials
- Any multi-dose vial from which some doses have already been withdrawn

The items listed above should be disposed of according to usual medical biosafety procedures and according to your immunization program's procedures.

What SHOULD Be Returned to McKesson

The following items should be returned to McKesson:

- Spoiled or expired product in its original vial or pre-filled syringe
- Unused pre-filled syringes from manufacturers with an NDC printed on them
- Unused Novartis Fluvirin pre-filled syringes with staked needles (NDC 66521-0111-01) are the ONLY items that can be returned with a needle. The needle should be capped and the syringes returned in their original packaging to the extent possible. (Absolutely no other needle may be returned to McKesson.)

Federal excise tax (FET) credits can only be processed for unopened vials and for unopened manufacturer pre-filled syringes. Returns of product other than these are not eligible for FET credit.

Reminder: These returns should be sent back to McKesson with a completed return form in the McKesson box with the preprinted return label.

This document can be found on the CDC website at: http://www.cdc.gov/vaccines/programs/vmbip/downloads/agm/wnot-rtrn-mck.doc.

Events and Activities

ACIP Meeting
Date: February 25-26, 2009
Location: Atlanta, GA
Register online: http://www2a.cdc.gov/nip/ACIP/FebruaryRegistration.asp

Part II - Comprehensive Coalition-Building Training Series
Date: March 18-19, 2009
Location: Four Points by Sheraton BWI Airport Hotel, Baltimore, MD
Registration and information: http://edcp.org/pdf/Coalition_University_Registration_08-09.pdf.

43rd National Immunization Conference
Date: March 30-April 2, 2009
Location: Dallas, TX
Contact: 800-232-4636 or 404-639-8225
http://www.cdc.gov/vaccines/events/nic/default.htm

2009 California Immunization Coalition Summit
Date: April 20-21, 2009
Location: Pasadena Hilton Hotel, Pasadena, CA
Contact: Catherine Flores Martin, Director
916-447-7063 ext. 333
CMartin@communitycouncil.org

National Infant Immunization Week
Date: April 25-May 2, 2009
http://www.cdc.gov/vaccines/events/niiw/default.htm

Part III - Comprehensive Coalition-Building Training Series
Date: May 13, 2009
Location: Four Points by Sheraton BWI Airport Hotel, Baltimore, MD
Registration and information: http://edcp.org/pdf/Coalition_University_Registration_08-09.pdf

Coalition Meetings

Northern Utah Immunization Coalition
Date: February 3, March 3, April 7, 2009 2:00 p.m.
Location: Weber-Morgan County Health Department, 477 23rd Street, Ogden. Call Carol Morrell at 435-752-3730 for more information.

Every Child By Two Immunization Coalition
Dates: April 9, 2009 10:00 a.m.
Location: Utah Department of Health
288 North 1460 West, Salt Lake City. Call 801-538-9450 for more information.

Greater Salt Lake Immunization Coalition
meets the second Wednesday of every month at 2001 South State Street, Suite S3800, Conference Room, Salt Lake City. Call Sally Dawson at 801-662-1621 for more information.

Southwest Immunization Coalition for Children
Date: January 13, 2009 8:00 a.m.
Location: Southwest Utah Public Health Department, 620 South 400 East, St. George. Call Pat Thomas at 435-673-3528 for more information.

Utah Adult Immunization Coalition
meets the fourth Wednesday of every month at HealthInsight, 348 East 4500 South, Salt Lake City at 8:00 a.m. Call 801-538-9450 for more information.

Utah County Immunization Coalition
meets the first Tuesday of every month at the Health and Justice Building, Room 2804, 151 South University Avenue, Provo at 8:00 a.m. Call Pauline Hartvigsen at 801-851-7027 for more information.

USIIS User Group Meetings

Northern Utah
Date: April 9, 2009 12:00 p.m.
Location: Ogden Regional Medical Center, Oak Room, 5475 South 500 East, South Ogden

For more information regarding User Group meetings or to establish a User Group in your area, please contact Janel Jorgenson at 801-538-9991.

NOTICE: IMMUNIZATION MATERIALS
The following materials will be discontinued after current supplies are depleted:
√ **A Guide for Health Care Providers**
√ **Got Vaxed? Post-it Note Pad**
√ **Immunize by Two Rocking Horse Magnets**

Utah Department of Health
IMMUNIZATION PROGRAM
Immunize for healthy lives

P.O. Box 142001
288 North 1460 West
Salt Lake City, UT 84114-2001

Return Service Requested

Check out our websites!

www.immunize-utah.org
www.usiis.org

Welcome New VFC Providers!

Copper Canyon Women's Center

Cinnamon Hills Youth Crisis Center

Doctor Kara, PC

Farr West Pediatrics

Intermountain Saratoga Springs

Just Kids Pediatric and Adolescent Clinic

Lone Peak Primary Care

Manila Medical Clinic

Santaquin Medical Clinic

Step by Step Pediatrics

Wee Care Pediatrics-Syracuse